PTO/SB/17 (10-08)

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		Complete if Known Application Number 10/595,103-Conf. #2609						
Fees pursuant to ti								
FEE		Filing Date February 14						
For FY 2009				First Named Inventor Kyle J. Linds Examiner Name N. Rahmani		om		
				1005				
	Applicant claims small entity status. See 37 CFR 1.27			Art Unit 1625		7000411000		
TOTAL AMOUNT	OTAL AMOUNT OF PAYMENT (\$) 810.00		Attorney Dock	Attorney Docket No. C1271.7002		JS02		
METHOD OF	PAYMENT (check a	all that apply)						
Check X Credit Card Money Order None Other (please identify):								
Deposit Account Deposit Account Number: 23/2825 Deposit Account Name: Wolf, Greenfield & Sacks, P.C.								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
Charge any additional fee(s) or underpayments of								
FEE CALCUL	ATION							
1. BASIC FILING	G, SEARCH, AND EX	AMINATION FEES						
	FIL		SEARCH FEES		NATION FEES			
Application Ty	rpe Fee (\$)	Small Entity Fee (\$) Fee	Small Entit (\$) Fee (\$)	<u>Y</u> Fee (\$)	Small Entity Fee (\$)	Fees P	aid (\$)	
Utility	330	165 5	40 270	220	110			
Design	220	110	00 50	140	70			
Plant	220	110 3	30 165	170	85			
Reissue	330	165 5	40 270	650	325			
Provisional	220	110	0 0	0	0			
2. EXCESS CLAIM FEES Small Entity Fee Description Fee (\$) Fee (\$)								
Fee Description Each claim over 20 (including Reissues)						<u>Fee (\$)</u> 52	26	
Each independen				220	110			
Multiple depend	lent claims				390	195		
Total Claims	Extra Claims		Fee Paid (\$)	Multiple Dependent Claims				
or HP = x = <u>Fee (\$)</u> Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20.)		
Indep. Claims Extra Claims Fee (\$) Fee Pai							_	
	or HP =	x =		-				
	per of independent claims	paid for, if greater than 3.						
3. APPLICATION If the specifica		ceed 100 sheets of pap	per (excluding elec	etronically fi	led sequence or	computer		
listings und	er 37 CFR 1.52(e)), t	he application size fee 5 U.S.C. 41(a)(1)(G) a	due is \$270 (\$13:	5 for small e)	
Total Sheets		(/ (/ /	ch additional 50 or f	<i>'</i>	of Fee (\$)	Fee F	Paid (\$)	
- 100 = /50 = (round up to a whole number) x =								
4. OTHER FEE(S) Fees Paid (\$)							<u> Paid (\$)</u>	
Non-English	Specification, \$130	fee (no small entity d	iscount)					
Other (e.g., la	ate filing surcharge):	1801 Request for c	ontinued examir	nation (RCE).	81	0.00	
SUBMITTED BY								
Signature	/C. Hunter Baker/		Registration No. (Attorney/Agent)	46,533	Telephone	617.646.8000		
Name (Print/Type) C. Hunter Baker, M.D., Ph.D. Date March 30, 2010						, 2010		

Certificate of Electronic Filing Under 37 CFR 1.8 I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4).				
Dated: March 30, 2010	Signature: _/Sara J. L. Douglas/ Sara J. L. Douglas			